



A Health Risk Assessment (HRA) Tool for Iowa Medicaid Members

Summary

The Iowa Health and Wellness Plan legislation, Senate File 446, requires the Iowa Medicaid Enterprise (IME) to take an approach that increases access to health care, improves quality health outcomes, incents personal responsibility, cost-conscious utilization of care, and adoption of preventive and healthy behaviors¹. In addition, Senate File 446 directs the IME to develop a strategy to address population health and health promotion. A health risk assessment (HRA) is one tool the IME will invest in to identify and influence social determinants of health such as access to health care, healthy behaviors, socioeconomic factors, and the physical environment that collectively impact the health of the community². The HRA may also be completed as part of the Healthy Behaviors program. Completion of the HRA will count as one of the required activities that will allow a member to be exempt from the required premium payment in the next year of enrollment.

Why Do Something Different?

A significant amount of health care spending is focused on people who fail to achieve good outcomes: e.g. people whose behavior and lifestyle choices lead to the onset and exacerbation of chronic conditions.

- 30 – 60 percent of patients fail to take medications as prescribed³.
- Changing health behavior has the greatest potential for reducing morbidity and mortality and for improving quality of life across diverse population.
- 50 percent of mortality is from 10 leading causes of death linked to lifestyle changes such as tobacco use, poor diet, inactivity, alcohol and drug use, and sexual behavior⁴.

Disease management alone has a limited impact on population outcomes due in part to the multiple determinants not addressed in the health care setting today.

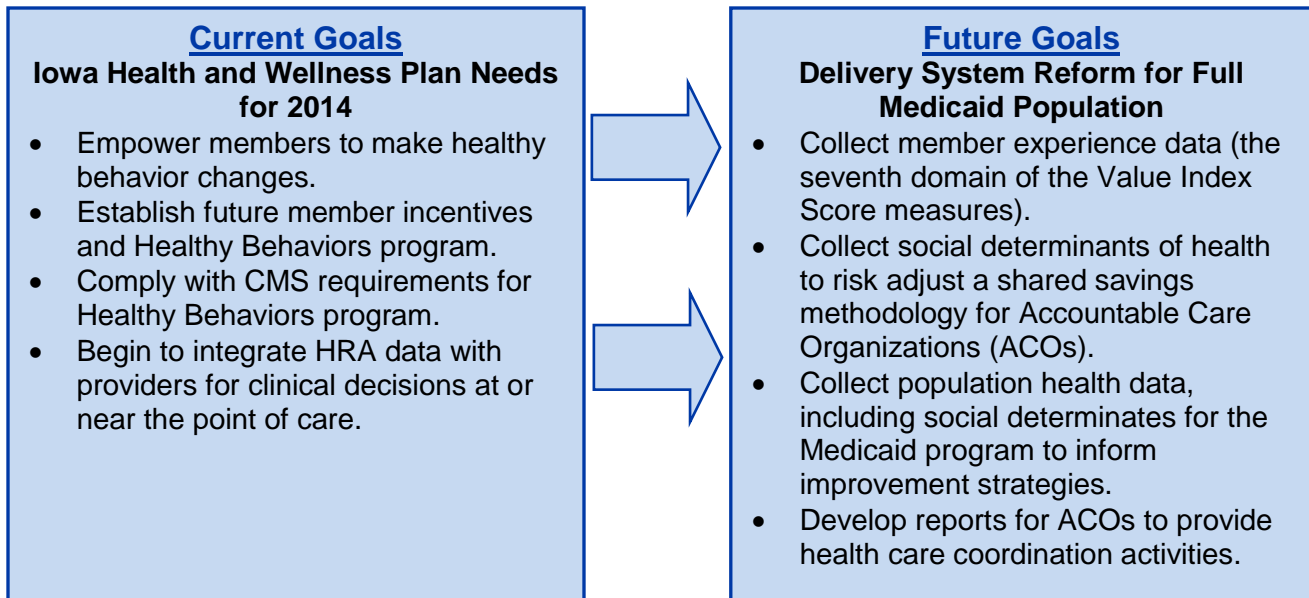
Why Use HRAs?

An HRA tool scientifically identifies unhealthy behavioral factors and identifies how to reach better outcomes.

- It helps members think about their health while taking the assessment and provides an action plan to discuss during an office visit.
- It allows providers to see the action plan of the patient, so they and the patient can quickly agree on a care plan.
- It gives providers a snapshot of demographics/illness burden of his/her practice.
- It provides actionable data that can be improved by specific interventions in the practice.

Goals

An HRA helps Iowa address immediate requirements with the Centers for Medicare & Medicaid Services (CMS) for the Iowa Health and Wellness Plan 1115 Demonstration Waivers and meets long term needs that align with delivery system reform to move to value based purchasing.



Program Design and Iowa Medicaid's Approach

An HRA engages patients in their care and helps primary care practices and patients work in close cooperation.⁵ HRAs have been widely used with employer sponsored plans for a number of years as a means to drive down costs. HRAs are also being used in the Medicaid market in Iowa. Meridian Health Plan of Iowa has been administering HRAs with member incentives since 2011 and CoOpportunity Health of Iowa recently started this approach with members in the Iowa Marketplace Choice Plan.

In an effort to improve patient outcomes and engage members in their health care, the IME has selected an HRA tool called Assess My Health, that uses a set of patient assessment tools developed by Dartmouth Medical School. Assess My Health has been heavily researched and has generated numerous peer-reviewed publications in major journals. Also appealing to Iowa is that Assess My Health has been specifically tested with safety net providers with the low income population.

Medicaid is using a two phased approach:

In 2014:

- Providers are encouraged to use Assess My Health, but any qualified HRA tool would help members achieve their Healthy Behaviors.
 - A qualified HRA tool must: timely report member completion information to the IME; Provide members with a health summary report; and, report basic health data points identified by the IME, such as smoking status.
 - ACOs must submit monthly data to the IME that validates that the member has completed the HRA.
 - All HRA completion data for 2014 must be submitted to the IME by January 15, 2015, to count toward their ACO incentive payment.
- Medicaid providers can use Iowa Medicaid's How's Your Health HRA tool.
 - Providers that use Assess My Health for members can earn an additional fee-for-service payment that is designed to reimburse provider offices for the time spent administering the HRA. This payment is valid for the Assess My Health tool only

and is being offered for the first year of operation. Details around how to submit a claim for this incentive will be announced in a separate communication.

- There is no license cost to the provider to use the Assess My Health tool.

In 2015:

- The IME will establish specific threshold for ACOs to use the Assess My Health tool to effectively collect Social Determinate and Member Experience data.
- The IME will develop mechanisms that further incent members to achieve healthy behaviors.
- The IME will consider opening the use of the Assess My Health tool to all payer populations with the intent to further integrate clinical practice workflow.

How it Works

Assess My Health is an online tool in English and Spanish, written at the eighth grade reading level. A person with computer access can take the assessment in 15 minutes (if healthy) up to 40 minutes (if very high needs and low computer literacy). The assessment expands based on issues raised by the person: e.g. if someone identifies themselves as having diabetes, they are asked an additional series of questions about that condition.

Example Question 1:

The screenshot shows a web-based assessment titled "How's Your Health" on "Page 4 of 108". The section is "DAILY ACTIVITIES". The question asks: "During the past 4 weeks, how much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?". There are five radio button options: "No difficulty at all" (with a stick figure icon), "A little bit of difficulty", "Some difficulty" (with a stick figure icon), "Much difficulty", and "Could not do" (with a stick figure icon). At the bottom, there are "<< Back" and "Next >>" buttons, and a copyright notice: "© 1997-2012 FNX Corp. and Trustees of Dartmouth College. All rights reserved."

Example Question 2:

The screenshot shows a web-based assessment titled "How's Your Health" on "Page 8 of 108". The section is "FEELINGS". The question asks: "During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?". There are five radio button options: "Not at all" (with a happy face icon), "Slightly", "Moderately" (with a neutral face icon), "Quite a bit", and "Extremely" (with a sad face icon). At the bottom, there are "<< Back" and "Next >>" buttons, and a copyright notice: "© 1997-2012 FNX Corp. and Trustees of Dartmouth College. All rights reserved."

When a person completes the survey, the response is distilled into a one-page report that the person receives and is provided securely to that person's primary care provider.

Thank you for completing the *Health Assessment* questionnaire.

You can print this letter by choosing "Print" from the "File" menu of your web browser. Printing this letter and taking it to your doctor will help to improve the medical care you receive.

Based on your responses to the questions you seem to have some risks to your health that include:

- you are not confident in managing health problems
- the health care you receive is not as good as it can be

Based on your responses to the questionnaire, the [Problem-Solving Section](#) may help you manage these issues:

- Social Support
- Backaches

Of these problems and issues some priorities are:

- you should have some confidence that you can manage some health problems and concerns
- reducing weight is always a good idea

Based on your responses to the **How's Your Health** questionnaire, we recommend that you read the following sections of the **How's Your Health** booklet. You may read the chapters online by clicking on them below:

- [Exercise and Eating Well](#)
- [Health Habits and Health Decisions](#)
- [Common Medical Conditions](#)
- [Daily Activities and Managing Limitations](#)
- [Pain](#)
- [Women's Health](#)

Your Lifestyle and Health Habits

This score concerns the aspects of your lifestyle and behaviors that can harm you now or pose a future problem. This score deals with things that you can do immediately to improve your health.

Your Survey Indicates	Message
Opportunities for Improvement	"Your Lifestyle and Health Habits" score indicates that there may be many opportunities to reduce risks to your health and improve your health habits and lifestyle.

Your Healthcare and Self-Care Ability

This area considers

- communication gaps between your doctor and you

How Clinicians and the IME Will Use HRAs

Clinicians use their existing tools and resources to address many of the needs identified: people who want help quitting smoking, believe that their pills are making them ill, don't understand what to do if they miss a dose of their medication, etc. Clinicians and practices also learn how to address other determinants of outcomes: people who lack adequate family/social support, have functional limitations, need extra support for condition management, are at risk for emotional or substance abuse disorders or domestic violence. The use of HRAs provides practices with meaningful information that improves interaction with the people they serve.⁶ The Assess My Health tool has been used in independent primary care practices, federally qualified health center, by communities, and many other settings that serve individuals with a wide range of illness burden, socioeconomic status, and capacity to manage conditions.⁷

The IME will use Assess My Health by examining the broad domains of need identified through Assess My Health to obtain a sophisticated understanding of population needs. People can be identified by socioeconomic status, function capacity, confidence with self-management, burden of pain and emotional problems, and community/family support among other factors. The IME can help medical practices and ACOs identify the number of people in their practice with these risk factors. This enables providers to develop a planned-care management strategy tailored to the population they serve. Smaller practices can collaborate on shared resources based on aggregate needs.⁸

Conclusion

The IME will use Assess My Health to further develop the goals of the ACO's, for example the collection and measurement of Member Experience of Care, a domain of the Value Index Score (VIS) measurement system. The VIS is currently used in the Iowa Wellness Plan to track quality and pay a bonus to providers and ACOs.

Assess My Health has been used as a tool for primary care improvement based on the results of the experience-of-care measures within the VIS measurement set.⁹ In addition to unmasking person-level risk factors, Assess My Health asks a series of questions about people's experience of care. These experience-of-care questions identify primary care provider (PCP) performance on the core attributes of good primary care. This makes it possible to segment PCPs by their primary care attribute performance and apply resources for practice improvement based on the results.

The presence of and access to primary care is a significant predictor of population health and cost of care.¹⁰ People with access to primary care are less likely to use an emergency room or need hospitalization. They have fewer tests, better satisfaction, and reduced health care costs.¹¹ These results hold true when comparing access to primary care versus specialty care.¹²

Primary care differs from the rest of health care delivery based on four cardinal features:¹³

- First point of access
- Person-focused relationship over time
- Comprehensive services
- Coordination of care

Person and population outcomes improve when people receive their care in practices that perform well on these attributes.¹⁴

Patients demonstrate the ability to report aggregate experience with the cardinal features of primary care.¹⁵

A growing body of literature illustrates "...the feasibility of obtaining highly reliable measures of patients' experiences with individual physicians and practices. The analytic findings underscore the validity and importance of looking beyond health plans to individual physicians and sites as we seek to improve health care quality."¹⁶

People who receive care in practices where patients report good experience of access, relationships, comprehensiveness and care coordination are significantly more likely to report:¹⁷

- Good management of chronic conditions
- Reduced use of emergency room and hospital
- Fewer days missed from work
- Better management of problems with pain or emotions

There are high correlations between patient report of positive experience with these elements and the process and outcome measures that bring transformation in health care.

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- ¹ Iowa Senate File 446, (Pg 192, Section 168 c)
- ² Iowa Senate File 446, (Pg 208 b(3))
- ³ Series of articles in *Ann Int Med*, 166, 2006
- ⁴ Whitlock et al, Evaluating Primary Care Behavioral counseling Interventions: An Evidence-based Approach, *Am J Prev Med*, 22(4), 267 – 284, 2002
- ⁵ Wasson, J. H., Godfrey, M. M., Nelson, E. C., Mohr, J. J., & Batalden, P. B **Microsystems in health care: Part 4. Planning patient-centered care.** *Joint Commission Journal on Quality Safety*, 2003 29, 227–237.
- ⁶ Wasson, J. H., Stukel, T. A., Weiss, J. E., Hays, R. D., Jette, A. M., & Nelson, E. C **A randomized trial of using patient self-assessment data to improve community practices.** *Effective Clinical Practice*, 1999 2, 1–10.
- ⁷ Wasson JH, Anders SG, Moore LG, Ho L, et al. **Clinical Microsystems, Part 2: Learning from Micro Practices About Providing Patients the Care they Want and Need.** *Joint Commission Journal on Quality and Patient Safety*, August 2008, 34(8) pp. 445-452.
- ⁸ Wasson, John H, Tim Ahles, Debbie Johnson, Andrea Kabcenell, Ann Lewis, and Margie M Godfrey. "Resource Planning for Patient-Centered, Collaborative Care." *The Journal of Ambulatory Care Management* 29, no. 3 (September 2006): 207–214.
- ⁹ Moore, L Gordon, and John H Wasson. "The Ideal Medical Practice Model: Improving Efficiency, Quality and the Doctor-Patient Relationship." *Family Practice Management* 14, no. 8 (September 2007): 20–24.
- ¹⁰ Starfield B, Shi L, Macinko J. **Contribution of primary care to health systems and health.** *Milbank Q* 2005;83:457-502.
- ¹¹ Phillips RL, Starfield B. **Why Does a U.S. Primary Care Physician Workforce Crisis Matter?** *Am Fam Physician* Volume 70(3) 1 August 2004 pp 440-446
- ¹² Starfield B, Lemke K, Herbert R, Pavlovich W, Anderson G. **Comorbidity and the Use of Primary Care and Specialty Care in Elderly.** *Annals of Family Medicine* 3:215-222 (2005) 215-222 doi: 10.1370/afm.307
- ¹³ Definition of primary care from WHO Alma Ata Conference 1978.
- ¹⁴ Starfield B, Shi L, Macinko J. **Contribution of primary care to health systems and health.** *Milbank Q* 2005;83:457-502.
- ¹⁵ Moore, L. G., & Wasson, J. H. **An introduction to technology for patient-centered, collaborative care.** *Journal of Ambulatory Care Management*, July-September 2006 29(3), 195–198.
- ¹⁶ Safran DG, Karp M, Koltin K, et al. **Measuring Patients' Experiences with Individual Primary Care Physicians Results of a Statewide Demonstration Project** *J Gen Int Med* 2006; 21:13–21.
- ¹⁷ Wasson, J. H., Johnson, D. J., Benjamin, R., Phillips, J., & MacKenzie, T. A. **Patients report positive impacts of collaborative care.** *Journal of Ambulatory Care Management*, July-September 2006 29(3), 199–206.